#### STATE OF MAINE



# COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine

Tel: (207)287-4179 FAX: 287-6775

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## STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

### COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME:	DONALD E. PILON	Please check the appropriate box and fill in the District number.
MAILING ADDRESS: CITY:	SACO, ME	Member of the Senate, District
ZIP CODE:	04072	
PHONE NUMBER:	207.2848161	Member of the House, District 13

#### GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

### 5:00 p.m. on February 15, 2007.

- The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.
- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE REEF A COVY OF THIS STATEMENT FOR TOUR PLEASE.
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Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

		Principal Type of Economic
Name of Employer	Address	Activity of Employer
KELLER WILLIAM	AS KERITY US DARTIMON	UTH ST. PORTLAND, ME OUIOI-PO
INCHES OUTLINE	73 / 5 / 5	
		Эл,
RT II. INCOME DERIVE	D FROM SELF-EMPLOYMENT. ( $Fo$	r Legislators who are self-employed.)
Enter the name and address	s of your business, if any, and list the mai	or areas of economic activity from which you deny
income. If associated with	a partnership, firm, professional associat	ion, or similar business entity, list the major areas
economic activity of that er	anty.	•
Name and Address	Major Areas of Economic Activity	Major Areas of Economic Activity
of Business Entity	(self)	(partnership, association or similar business entity
1.00		
		Principal Type of Economic Activity
		of Entity or Person Who Is the
Name of Source	Address	Source of Income
<b>,</b>		
		·
	III. II. AMAR AND AND AND AND AND	
		re attorneys-at-law only.) List your major areas of
tice. If associated with a law	v firm, list the major areas of practice of y	our firm.
Name and Address of Firm	n Major Areas of Practic	ce Major Areas of Practice
The same a structure of a state	(self)	(firm)
	• •	, ,
		<u> </u>
	•	
	•	

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	Address	Kind of Income
1. NARTORD POLICE FEED	Alteusion. JENDINIS RE	NARTHORO, CT. PENSION
+ France Rocks Ro	Brow Fron M	E. BENTAL INCOME
3	· · · · · · · · · · · · · · · · · · ·	
PART V. DISCLOSURE OF RE \$3,000 or more that you received dur not list loans from a relative. If none,	ring the reporting period, and list the ma	the names of creditors for any unsecured loans of ajor areas of economic activity of each creditor. Do
,		Principal Type of Economic
Name of Creditor	Address of Creditor	Activity of Creditor
1		
	•	
2		
3		
aggregate value of more than \$300 fr	om a single source. If none, so state.  3.	
2	4,	
PART VII. DISCLOSURE OF F		y honoraria accepted for appearances or speeches
1	3	<u></u>
2	4.	
PART VIII. REPRESENTATION you represented or assisted others for	N BEFORE STATE AGENCIES. Id compensation of any amount. If none,	lentify each executive branch agency before which so state.
1. NONE	3	
2.		
	T \$	U-10-110-110-110-1

ı	NONE	2	<u> </u>
PART X	C. INCOME RECEIVED BY MEM	BERS OF IMMEDIAT	TE FAMULY.
child(rex	type of economic activity representing  a) during the reporting period and the leadered by spouse and (D) beside sour	kind of income represent	of \$1,000 or more received by your spouse or dependent red. Do not include gifts. Indicate (S) beside sources of by dependent(s).
Repr	e of Economic Activity esenting Each Source of Income Received		Kind of Income
1			
2.			
*			
		•	
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appear Attorn stateme interes branch who wi	s that a Legislator has willfully ey General. If the Commission ent or has willfully filed a false t on every question and shall be t of the Legislature, and shall no	filed a false statemed determines that a Lo statement, the Legisl precluded from vot ot attempt to influence atement is subject to	E crime. If the Commission concludes that it ent, it shall refer its findings of fact to the egislator has willfully failed to file a required lator shall be presumed to have a conflict of ting on any question in committee or in either ce the outcome of any question. A Legislator a civil penalty not to exceed \$1,000, payable to 0.019)
	Dunle (	2 Dans	